

## E-filing

5/50

FILED

JUL 01 2008  
RICHARD W. WIEKING  
U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

1 **COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT**  
 2 Name Brewer Kevit D  
 3 (Last) (First) (Initial)  
 4 Prisoner Number AJR936 T-24644 SANTA RITA - ALTA MENDA CO., CA  
 5 Institutional Address 5325 Broder Blvd Dublin Ca 94568

7 **UNITED STATES DISTRICT COURT**  
 8 **NORTHERN DISTRICT OF CALIFORNIA**

9 Kevit Brewer  
 (Enter the full name of plaintiff in this action.)

10 vs.  
 11 Altabates summit (1)  
 12 medical center 2450  
 13 ashby ave Berkeley Ca 94705  
 14 Dr Rebecca Yu (2)  
 (Enter the full name of the defendant(s) in this action)

CV

08

3149

Case No.  
 (To be provided by the Clerk of Court)

**COMPLAINT UNDER THE  
 CIVIL RIGHTS ACT,  
 Title 42 U.S.C § 1983**

16 *All questions on this complaint form must be answered in order for your action to proceed..*

17 I. Exhaustion of Administrative Remedies.

18 [Note: You must exhaust your administrative remedies before your claim can go  
 forward. The court will dismiss any unexhausted claims.]

20 A. Place of present confinement Santa Rita Jail

21 B. Is there a grievance procedure in this institution?

22 YES  NO

23 C. Did you present the facts in your complaint for review through the grievance  
 24 procedure?

25 YES  NO

26 D. If your answer is YES, list the appeal number and the date and result of the  
 27 appeal at each level of review. If you did not pursue a certain level of appeal,  
 28 explain why.

1      1. Informal appeal file administrative  
2      Complaint with Hospital patient  
3      Relation MS Henry #510 204 4554

4      2. First formal level Same information As above  
5      altabates Summit medical center  
6      2450 Ashby ave Berkeley Ca 94705

7      3. Second formal level N/A  
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10     4. Third formal level file at Government  
11     tort claim #G1574518  
12     P.O Box 3035 Sacramento Ca 95812

13     E. Is the last level to which you appealed the highest level of appeal available to  
14     you?

15     YES  NO

16     F. If you did not present your claim for review through the grievance procedure,  
17     explain why. N/A

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20     II. Parties.

21     A. Write your name and your present address. Do the same for additional plaintiffs,  
22     if any.

23     Kevin Bewer  
24     AJR 936

25     5325 Broder Blvd Dublin Ca 94568

26     B. Write the full name of each defendant, his or her official position, and his or her  
27     place of employment.

(7)

1 Alta Bates Summit Medical Center  
 2 2450 Ashby Ave Berkeley CA 94705  
 3 (2) Doctor Rebecca Yu #510 540-6800  
 4 3000 Colby St #301 Berkeley CA 94705

## 5 III. Statement of Claim.

6 State here as briefly as possible the facts of your case. Be sure to describe how each  
 7 defendant is involved and to include dates, when possible. Do not give any legal arguments or  
 8 cite any cases or statutes. If you have more than one claim, each claim should be set forth in a  
 9 separate numbered paragraph.

10 Went for surgery for a  
 11 lance and drain under the anesthesia  
 12 in the operating room She decided to  
 13 cut my thumb off A partial amputation  
 14 without my permission Surgical consent  
 15 is only for lance and drain

16 Date of Surgery 11-20-07

17 Surgeon Rebecca Yu (2)

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## 23 IV. Relief.

24 Your complaint cannot go forward unless you request specific relief. State briefly exactly  
 25 what you want the court to do for you. Make no legal arguments; cite no cases or statutes.

26 Doctor cut my thumb off Making me now  
 27 Handicap Me fatal anguish pain and  
 28 suffering Ten million dollars in damages

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5 I declare under penalty of perjury that the foregoing is true and correct.

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Signed this May day of 28, 2008

Kerry Brewster

(Plaintiff's signature)

JS 44 - CAND (Rev. 11/04)

**CIVIL COVER SHEET**

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON PAGE TWO.)

**I.(a) PLAINTIFFS**

*Kevit Brewer  
# AJR936*

**DEFENDANTS**

*ALTABATES Summit medical  
center Dr Rebecca Yu*

**(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF  
(EXCEPT IN U.S. PLAINTIFF CASES)**

*CA*

COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE  
TRACT OF LAND INVOLVED.**(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)**

*Pro-People 5325 Broder Blvd  
Dublin CA 94568*

ATTORNEYS (IF KNOWN)

*44 KNOWT***II. BASIS OF JURISDICTION** (PLACE AN "X" IN ONE BOX ONLY) U S Government Plaintiff 3 Federal Question  
(U S Government Not a Party) U S Government Defendant 4 Diversity  
(Indicate Citizenship of Parties in Item III)**III. CITIZENSHIP OF PRINCIPAL PARTIES** (PLACE AN "X" IN ONE BOX FOR PLAINTIFF  
(For diversity cases only) AND ONE BOX FOR DEFENDANT)

	PTF	DEF	PTF	DEF
Citizen of This State	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 1	Incorporated or Principal Place of Business In This State	<input type="checkbox"/> 4 <input type="checkbox"/> 4
Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5 <input type="checkbox"/> 5
Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6 <input type="checkbox"/> 6

**IV. ORIGIN** Original Proceeding Removed from State Court Remanded from Appellate Court Reinstated or Reopened Transferred from Another district (specify) Multidistrict Litigation Appeal to District Judge from Magistrate Judgment**V. NATURE OF SUIT** (PLACE AN "X" IN ONE BOX ONLY)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance	<input type="checkbox"/> PERSONAL INJURY	<input type="checkbox"/> PERSONAL INJURY	<input type="checkbox"/> 422 Appeal 28 USC 158	<input type="checkbox"/> 400 State Reapportionment
<input type="checkbox"/> 120 Marine	<input type="checkbox"/> 310 Airplane	<input checked="" type="checkbox"/> 362 Personal Injury Med Malpractice	<input type="checkbox"/> 423 Withdrawal 28 USC 157	<input type="checkbox"/> 410 Antitrust
<input type="checkbox"/> 130 Miller Act	<input type="checkbox"/> 315 Airplane Product Liability	<input type="checkbox"/> 365 Personal Injury Product Liability		<input type="checkbox"/> 430 Banks and Banking
<input type="checkbox"/> 140 Negotiable Instrument	<input type="checkbox"/> 320 Assault Libel & Slander	<input type="checkbox"/> 368 Asbestos Personal Injury Product Liability		<input type="checkbox"/> 450 Commerce/ICC Rates/etc.
<input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment	<input type="checkbox"/> 330 Federal Employers Liability			<input type="checkbox"/> 460 Deportation
<input type="checkbox"/> 151 Medicare Act	<input type="checkbox"/> 340 Marine			<input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations
<input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans)	<input type="checkbox"/> 345 Motor Product Liability			<input type="checkbox"/> 810 Selective Service
<input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits	<input type="checkbox"/> 350 Motor Vehicle			<input type="checkbox"/> 850 Securities/Commodities/ Exchange
<input type="checkbox"/> 160 Stockholders Suits	<input type="checkbox"/> 355 Motor Vehicle Product Liability			<input type="checkbox"/> 875 Customer Challenge 12 USC 3410
<input type="checkbox"/> 190 Other Contract	<input type="checkbox"/> 360 Other Personal Injury			<input type="checkbox"/> 891 Agricultural Acts
<input type="checkbox"/> 195 Contract Product Liability				<input type="checkbox"/> 892 Economic Stabilization Act
<input type="checkbox"/> 196 Franchise				<input type="checkbox"/> 893 Environmental Matters
REAL PROPERTY	CIVIL RIGHTS	PRISONER PETITIONS	LABOR	SOCIAL SECURITY
<input type="checkbox"/> 210 Land Condemnation	<input type="checkbox"/> 441 Voting	<input type="checkbox"/> 510 Motion to Vacate Sentence Habeas Corpus	<input type="checkbox"/> 710 Fair Labor Standards Act	<input type="checkbox"/> 861 HIA (1395ff)
<input type="checkbox"/> 220 Foreclosure	<input type="checkbox"/> 442 Employment	<input type="checkbox"/> 530 General	<input type="checkbox"/> 720 Labor/Mgmt Relations	<input type="checkbox"/> 862 Black Lung (923)
<input type="checkbox"/> 230 Rent Lease & Ejectment	<input type="checkbox"/> 443 Housing	<input type="checkbox"/> 535 Death Penalty	<input type="checkbox"/> 730 Labor/Mgmt Reporting & Disclosure Act	<input type="checkbox"/> 863 DWWC/DINW (405(g))
<input type="checkbox"/> 240 Torts to Land	<input type="checkbox"/> 444 Welfare	<input type="checkbox"/> 540 Mandamus & Other	<input type="checkbox"/> 740 Railway Labor Act	<input type="checkbox"/> 864 SSDI Title XVI
<input type="checkbox"/> 245 Tort Product Liability	<input type="checkbox"/> 440 Other Civil Rights	<input type="checkbox"/> 550 Civil Rights	<input type="checkbox"/> 790 Other Labor Litigation	<input type="checkbox"/> 865 RSI (405(g))
<input type="checkbox"/> 290 All Other Real Property	<input type="checkbox"/> 445 Amer w/ disab - Empi	<input type="checkbox"/> 555 Prison Condition	<input type="checkbox"/> 791 Empl.Rlt. Inc. Security Act	
	<input type="checkbox"/> 446 Amer w/ disab - Other			
	<input type="checkbox"/> 480 Consumer Credit			
	<input type="checkbox"/> 490 Cable/Satellite TV			
			FEDERAL TAX SUITS	
			<input type="checkbox"/> 870 Taxes (US Plaintiff or Defendant	<input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice
			<input type="checkbox"/> 871 IRS - Third Party 26 USC 7609	<input type="checkbox"/> 950 Constitutionality of State Statutes
				<input type="checkbox"/> 890 Other Statutory Actions

**VI. CAUSE OF ACTION** (CITE THE US CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE BRIEF STATEMENT OF CAUSE. DO NOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY)

*Dr Rebecca Yu cut off thumb without my permission of malpractice personal injury (Ten million dollars.)*

**VII. REQUESTED IN COMPLAINT:**  CHECK IF THIS IS A CLASS ACTIONDEMAND \$  CHECK YES only if demanded in complaint:

UNDER F.R.C.P. 23

JURY DEMAND:  YES  NO**VIII. RELATED CASE(S)  
IF ANY**PLEASE REFER TO CIVIL L.R. 3-12 CONCERNING REQUIREMENT TO FILE  
"NOTICE OF RELATED CASE".*Malpractice # 362***IX. DIVISIONAL ASSIGNMENT (CIVIL L.R. 3-2)**

(PLACE AND "X" IN ONE BOX ONLY)

 SAN FRANCISCO/OAKLAND SAN JOSE

DATE

SIGNATURE OF ATTORNEY OF RECORD